



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends of John Burton Jr

Account Number: _____

Date of this Report: 4.30.07

REPORTING PERIOD: FROM: 4.03.07 TO: 4.30.07

Check the box that applies to this report:

Primary Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
General Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
Other Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
Special Election	<input checked="" type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY

Office: 41st District House Rep

Year End Report ☐ Final Organization Closing ☐ Closing Date: _____

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Debbie Waddington
TREASURER SIGNATURE

4.30.07
DATE

John M. Burt Jr.
CANDIDATE SIGNATURE

4-30-07
DATE



STATEMENT OF ACCOUNT BALANCE

ACCOUNT #: _____

REPORTING PERIOD: 4.03.07

4.30.07

FROM

TO

1. BEGINNING BALANCE
(Ending Balance from last reporting period) _____

2. RECEIPTS:
 - A. SCHEDULE A – TOTAL RECEIPTS _____
 - B. SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS _____
 - C. SCHEDULE D-1 – TOTAL LOANS RECEIVED _____
 - D. SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVED _____
 - E. SUBTOTAL (Total of A, B, C, D) _____

3. EXPENDITURES:
 - F. SCHEDULE B – TOTAL EXPENDITURES _____
 - G. SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES _____
 - H. SCHEDULE D-2 – TOTAL LOAN PAYMENTS _____
 - I. SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID _____
 - J. SUBTOTAL (Total of F, G, H, I) _____

4. ENDING BALANCE
(Beginning Balance plus 2E, minus 3J) _____

5. VALUE OF NON-CASH ASSETS (From Schedule F) _____
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G) _____
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2) _____
8. CLOSE OUT BALANCE (Must equal zero if Committee closed) _____

**SCHEDULE A - TOTAL RECEIPTS**

ACCT #:

REPORTING PERIOD:

1. 09.07.

4.30.07

FROM

TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:[illegible]



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:

REPORTING PERIOD:

4.03.07

4.30.07

FROM

TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:[illegible]



TO



TO

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)

REPORTING PERIOD: _____ FROM _____ TO _____

LOANS RECEIVED IN EXCESS OF \$50:

TOTAL LOANS RECEIVED
(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #: _____

REPORTING PERIOD: _____
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
TOTAL REIMBURSEMENTS RECEIVED (REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 1, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBURSEMENTS PAID (REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 1, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)					

SCHEDULE F - NON-CASH ASSETS

ACCT #:**REPORTING PERIOD:**

FROM	TO
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Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS:

[illegible]



SCHEDULE G - ELIMINATION OF ASSETS

REPORTING PERIOD:

ACCT #:

FROM	TO
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Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

ALL NON-CASH ASSETS

[illegible]